

high class *Druggists' Circular*, of New York) and a very large number of the little "medical" (?) journals. It was preposterous to think, said they, that any legislature would pass a law requiring the amount of alcohol or narcotic drug contained in the nostrum to be stated on the label! The so-called formula bills were merely traps devised by the American Medical Association to steal the secret of the high-minded, honest and intellectual nostrum manufacturer. The Proprietary Association of America is said to have spent untold sums in fighting these bills and in extending its subsidization process. It sent circulars to publications of all sorts and kinds all over the country, "roasting" the American Medical Association, the medical profession in general, and reformers in particular. And then, lo and behold! the Congress of the United States passed a bill at least as good as any which had been introduced into any state legislature, and secures for the whole country the desired blessing, "Let the label tell!" Was ever anything quite so funny? The subsidized journals hardly yet know what to say. *N. A. R. D. Notes*, the organ representative of the purely commercial side of the drug business, a publication which used to think "Peruna" a really valuable medicine, even before the maker put enough of something into it to take it out of the simple "booze" class, merely prints the bill and tells pharmacists that its provisions do not apply to preparations put up by themselves and not intended for interstate traffic! The "medical" (?) journals have not yet received their instructions, and so are silent. The drug journals, most of them, merely print the law, in whole or in part, and let it go at that. What can they say? What is there to say? They cannot very well attack the entire Congress, individually and collectively. To be sure, they can and do continue to try and stir up trouble for the American Medical Association, but their efforts in that direction are only adding strength to the Association. It is truly an excruciatingly funny situation.

To the San Francisco County Medical Society is presented the opportunity to distinguish itself in the history of our state. The rebuilding of the beautiful city by the Golden Gate will present problems in sanitation almost without number, and the activities of a good live committee of the County Society might well be expended, in an advisory capacity, to the mayor and the board of supervisors. Indeed, such a committee would not have to wait for actual building operations, for in the administration of the refugee camps, in the direction of future activity on the part of the relief corporation, in officially and publicly calling attention to reported present abuses and insanitary conditions, there lies much work. We understand that the County Society is managed by a Board of Directors, and surely it would not be a hard task for such a body of energetic physicians to divide itself into proper committees, take up the various phases of the problems presented, report to the general board, and then issue, for-

mally and officially, its pronouncements. Unquestionably, the local papers would be glad to co-operate in such an undertaking and give publicity to the official statements of the Society. No medical organization in our country has a better opportunity to secure to itself recognition at the hands of its citizens, or to establish for itself that place in the affairs of municipalities which our medical societies should hold. The *JOURNAL* sincerely trusts that the San Francisco County Medical Society may be heard from in this connection, and that its work may bring great credit upon our professional brethren in the stricken city.

When Amos Squash sees that in the local *Argus* which displeases him mightily, he shows his displeasure with the editor in a most cruel and unkind fashion; he stops his subscription to the paper. To his mind, such a dire calamity should immediately be followed by the bankruptcy and cessation of the paper, or else a change in editorial policy to meet his views. The editor is supposed to writhe in painful despair, and to crawl upon his knees in self-abnegation. But does he? So far as we can learn, this much-to-be-desired result is rather rare. As a rule the offending publication continues silently to live; sometimes it takes jocose cognizance of Mr. Squash's withdrawal of patronage. A kind friend, "back East," wrote to the *JOURNAL* some time ago, calling our attention to an editorial attack upon the American Medical Association which was reported to have appeared in a publication known as the "*Medical Record*." Now, for those who do not know about it, we will state that the "*Record*" is a weekly publication issued for the purpose of making money for its owner, and incidentally intended for the perusal of medical men. Editorially, it does not know that it publishes such things as advertising pages, but actually it makes money by printing the advertisements of a choice collection of nostrums. Latterly, it seems to have fallen into the ranks of the nasty little journals, and has been saying many foolish things about the American Medical Association. Presumably, this is because the work of the Association makes it increasingly difficult for the *Record* to continue the policy of editorial ignorance of advertised nostrums, and because it is showing to intelligent medical men the real inwardness of many of the nostrum frauds so generally advertised in medical (?) journals. The *Record* was one of our exchanges, and before that time even, it was sent gratuitously to the secretary of the State Society. We emphasize the *was*, because when search was made through the accumulated journals for the particular number of the *Record* desired, it was found that there were on hand no copies of that estimable publication. We were making up our mailing list, so we wrote to the *Record* asking whether it desired to continue the exchange of publications with your *JOURNAL*. To our polite query came the heart-breaking reply which follows:

"We have your letter of July 9th, inquiring about exchange copy of the *Medical Record*. In

explanation of the circumstance we would state that the journal was removed from our exchange list in February last, because of the remarks, both editorial and in your last letter, regarding the *Medical Record*. "Regretting," etc. Isn't that too bad! What shall we do? Shall the JOURNAL stop publication? Shall the society wind up its affairs and go out of business? At first we feared that we should have to do so, but later we took courage. One member of the Publication Committee said that he stopped taking the *Record* some time ago, because of the character—or rather, lack of character—of the advertising matter which it had the audacity to send to its subscribers. So we took heart once more and decided to try existence, even without that great and good friend of the nostrum advertiser, the *Medical Record*.

### THE INDICATIONS FOR AND A DESCRIPTION OF THE MASTOID OPERATION.\*

By HILL HASTINGS, M. D., Los Angeles.

In the beginning I would like to venture the opinion that the mortality from suppurative mastoiditis is as much if not more dependent on good judgment as to the proper time to operate as on the technic of the special operative procedure. Granted that operative interference during the course of middle ear suppuration with mastoiditis shall be permitted in every case before involvement of the dura or sigmoid sinus, it is not unreasonable to expect that the terrors of a mastoid operation will disappear. As the dura and the sinus are protected by the hard inner bony table of the mastoid we should see very few cases where dangerous complications had already arisen before operation.

The questions concerned in mastoiditis are in some respects comparable to those that have arisen in the past in the study of appendicitis. It is said that it was the fashion to be operated on for appendicitis, that it is now the fashion to be operated on for gall bladder trouble, and again that fashion is now turning to the mastoid operation. The same scoffer used to joke about the "epidemic" of appendicitis cases, and now about the "epidemic" of gall bladder cases, and is even now beginning to joke about the "epidemic" of mastoid cases. The great body of the medical profession has been stimulated in these waves of interest. Keener diagnosis and quicker appreciation of the indications for operative interference in these surgical affections have resulted, and are, as we know, responsible for the so-called "epidemic" of cases and the large number of operations performed.

While great credit belongs to the few men who have been pioneers in certain surgical fields, the large amount of good comes from the rank and file of the medical profession upon whose judgment and diagnostic ability the decrease in the mortality depends. Quick diagnosis and keen appreciation of the indications for operative measures are then the safe-

guards. How many patients with appendicitis would voluntarily request operation, until too late? How many patients with mastoiditis would voluntarily seek operation until signs of superficial abscess, or deeper and more serious symptoms arose?

Unfortunately the cardinal signs of pus formation, known to the laity, are heat, redness, swelling and pain. Wait for these signs to appear before urging operative interference and the mortality from mastoiditis can never be much reduced beyond that already obtained, however skillful the operator may be. What then are the indications for operation that are of practical value in the saving of life? Certain facts, though well known, must first be recalled. First: The antrum from which mastoid involvement occurs is deep down in the process, from a half to one inch. We then cannot examine the inflamed area, as we can, for instance, an inflamed gall bladder or appendix. Second: An external outlet through the mastoid is prevented by an outer table of hard bone which must be necrosed, softened and perforated before superficial abscess formation results. Third: Before this has occurred it is the rule, and not the exception (except in very young children) that the thinner inner bony table, which is closer to the pus infected area, has been eroded, with resulting purulent inflammation of the dura mater, of the brain, and of the lateral sinus.

What then are the indications for operation? (1) Pain? No, for the severest pain comes from acute congestion of the mastoid cells during an acute middle ear suppuration. This severe pain may quickly subside on securing good drainage through the drum membrane. Illustrative case:

Miss B., age 28; history as follows: One day ago severe pains in both ears followed a cold in the head. The patient was found in bed with a temperature of 100 deg., pulse 100, hysterical, suffering much with ear-ache. No sleep on the previous night. Has had two similar attacks. The last attack two years ago in New York City. On both occasions consulted an aurist who incised the ear drum. Examination shows intense inflammation of both drum membranes, bulging and redness. A blood blister on the right membrane. The left one ruptured during the night. Slight discharge. Severe pain radiating to both mastoids. Hypersensitive to pressure over both mastoids. Treatment, free incision of both drum membranes. Copious sero-sanguineous discharge for two or three days. Temperature and pains rapidly subsided. Middle ear inflammation entirely passed off inside of two weeks.

Such cases are reported at times in a wrong spirit, namely, by some hypercritical men who argue that an aurist would have operated on a patient with a similar history.

(2) Fever? No. It may be altogether absent, and in fact, as a rule, is very slight except in children.

(3) Edema? Redness? No. These are the signs of external perforation of a mastoid abscess and not of mastoiditis in itself. In a series of 447 cases I was able to observe in only 100 any mastoid swelling, and of these but 16 were adults. Pain, fever and edema may thus be excluded in the sense of being timely indications for operative interference. However, when these symptoms occur early

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